



EXPERIENCE TROON GOLF®

1 Clubhouse Drive, North Stonington, CT 06359

Credit Card Charge Authorization

Fax #860-396-6260

I _____ authorize Lake of Isles to charge my credit card below.

Event Name & Date Drive for Diabetes Golf Tournament – September 12, 2016

Amount \$ _____

Credit Card Information:

Name as It Appears on the Credit Card:

Credit Card Number:

Credit Card Expiration Date:

(Visa, Master Card & American Express only)

Signature of Card Holder: _____

Cardholder to initial applicable action authorized.

Company Name: _____

****For Further Information Contact:**

Cheryl Allen at 860.396.2089 or cheryllallen@mptn.org